

Conservation Program Contract Payment Checklist

Decision Maker's Name: _____ Date: _____ Contract Number: _____
Program Assignment: ☐EQIP 1996 ☐EQIP 2002 ☐WHIP ☐CSP _____ Geographic County: _____

Program Participant's Actions:

- ☐ **Notify NRCS that practice has been completed and provide applicable supporting documentation for completion of NRCS-CPA-1245.** *Note: They may sign a blank NRCS-CPA-1245 at this time.* ☐ N/A if no NRCS-CPA-1245 was signed at this time.
- ☐ **Provide a signed and dated SF-1199a** (Direct Deposit Form) that confirms all vendor information is accurate. May be initialed after first payment but *must be dated at time of payment request on certified NRCS-CPA-1245 for each payment. (Phone verification is not acceptable)*
- ☐ **Certified NRCS-CPA-1245 with Payment Instructions completed is signed by participant with ProTracts authority to sign** (must have signature block with participant's name). *This must be signed on or after the date the practice is certified in ProTracts.*
- ☐ **Provide a CCC-36** (or NRCS-CPA-1236 when available) Assignment of Payment form if applicable. ☐ N/A
- ☐ **Provide Power of Attorney** (NRCS-CPA-09) to act for the decision maker or other signatory, or evidence of authority to act for an entity, if applicable ☐ N/A

NRCS Field Office Actions:

- ☐ **Certify in ProTracts that the practice meets NRCS standards** after field review, complete the performance data in ProTracts. Certification date should be **before, or the same as**, participants' signature date on the NRCS-CPA-1245.
- ☐ **Review receipts** (if actual cost not to exceed a specified maximum (AM) is used) for completeness and calculate financial assistance payments earned and enter into ProTracts (certify the practice, complete payment instructions only)
- ☐ **Print the NRCS-CPA-1245 out of ProTracts** (blocks 13 through 16 should be filled out)
- ☐ **Obtain participant's signature on block 27 (partial completion) or block 28 (completion) of the NRCS-CPA-1245** and ensure blocks 18 and 19 are complete (**Only the person as designated in ProTracts can sign for payment**)
- ☐ **Confirm** that current SF-1199a information is entered into ProTracts (**phone verification not acceptable**)
- ☐ **Verify** that participant's signature on NRCS-CPA-1245 match's signature on CCC-1200 or NRCS-CPA-1202
- ☐ **Verify** that participant meets **ALL** eligibility and compliance requirements.
- ☐ **Verify** that payment will not exceed EQIP program payment limitation.

Is this the final practice/payment for this contract? ☐yes ☐no

- ☐ **Forward (FAX, scan, E-mail) the following supporting documentation to the Area Office for the second level review.**
- ☐ **Signed NRCS-CPA-1245** showing the participant's signature
- ☐ **Signature page of CCC-1200** or the NRCS-CPA-1202 whichever is applicable for this contract
- ☐ **Copy** of signed and dated SF-1199a
- ☐ **Copy** of appropriate receipts for actual costs (AM) (summarized for payment)
- ☐ **Copy** of receipts for AC cost type practices
- ☐ NRCS-CPA-152 Transfer Agreement for any contract payment share changes ☐ N/A
- ☐ **Copy** of completed and signed program payment checklist page 1
- ☐ **Copy** of CCC-36 (use NRCS-CPA-1236 once it is available) if applicable ☐ N/A
- ☐ **Copy** of POA to act for the decision maker or other signatory, or evidence of authority to act for an entity. ☐ N/A
- ☐ **Notes to explain:** changes in payment shares on this practice if they do not match the contract percentages on the CCC-1200 OR NRCS-CPA-1202 or NRCS-CPA-152; cost share caps that apply to this practice, if any, or any other "special instructions" for this payment:

☐ I have completed the actions for my level and I am forwarding the information to the next level of review.

Designated Conservationist

Date

(SCAN SIGNED page for AREA OFFICE)

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NRCS Area Office Actions

- ☐ Confirm that the above information is correct – IF ALL NEEDED FORMS ABOVE ARE NOT INCLUDED RETURN TO FIELD OFFICE FOR COMPLETION
- ☐ Forward above information to State Office Financial Management Staff
- ☐ Is this contract eligible for interest under the Prompt Payment Act (2004 or prior contracts only)
- ☐ Area Program Specialist **approves** payment in ProTracts **AFTER** reviewing all information from the Field Office
- ☐ I have completed the actions for my level and I am forwarding the information to the state office for payment processing.

Notes:

Area Program Specialist

Date

SCAN SIGNED page for STATE OFFICE and combine with checklist received from the FIELD OFFICE.

Conservation Program Contract Payment Checklist

NOTES:

SIGNATURE OF FIELD OFFICE STAFF AND AREA STAFF REQUIRED ON FORM BEFORE PAYMENT WILL BE PROCESSED!

1. The degree of itemization should be in accordance with EQIP and WHIP policy as follows:

For structural and vegetative practices:

- Costs paid by other than the participant
- Discounts
- Whether used materials were used
- Producer's own labor and materials.

For contractor provided work, participant will submit invoices that include:

- Date of work performed
- Number of hours and cost per hour for labor and/or equipment or cost per unit
- Other applicable information

For participant-provided labor and equipment, the participant will submit a signed, itemized statement, which will include:

- Dates of work performed
- Number of hours and cost per hour charged for labor
- Type of Equipment used
- Charge for equipment
- Type and value of materials used, including on-hand or used materials
- Type and value of donated labor or materials
- Other applicable information

The National Agricultural Statistics Service, USDA, publishes a quarterly wage rate by region for hired workers and this can be found at www.nass.usda.gov click on charts and maps, this might assist you in determining hourly labor rates.

2. When average costs **(AC)** *OR* flat rates **(FR)** are used, no receipts are required to be sent to the State Office, but they **must** be obtained and forwarded to the Area Office, **do not** place a copy the official case file. Appropriate documentation of practice completion must be maintained in the case file.

3. Participant must submit acceptable **itemized** receipts to support application for payment if cost share is based on actual costs **(AM)**. **If bills are not acceptable NRCS must reject these within 7 calendar days of receipt (Prompt Payment Act)**

4. If work was done by a TSP and practice is being certified by a TSP, NRCS will provide a blank NRCS-CPA-1245 to the TSP upon notification that the practice has been completed.

5. The TSP will certify that the practice meets NRCS standards and specifications, sign the hard copy of the NRCS-CPA-1245 in block 16, and verify the extent certified for payment in block 13. The TSP will provide the NRCS-CPA-1245 to the participants who will sign and date block 27 (partial completion) or block 28 (completion) and ensure that blocks 18 & 19 are complete before returning it to NRCS.

6. NRCS will continue processing the NRCS-CPA-1245 as identified above using the information provided by the TSP and the participant. NRCS Designated Conservationist must authorize payment in block 25 for a NRCS-CPA-1245 completed by a TSP. This authorization does not assume the TSP liability

7. TSP must complete progress reporting in Tech PRS, which can be found on the Tech Reg website and provide to the Designated Conservationist a completed signed copy of the Nutrient & Pest Management plan checklist.